

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/14/2016
NAME OF PROVIDER OR SUPPLIER ATRIA HEARTHSTONE EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 3415 SW 6TH AVENUE TOPEKA, KS 66606		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS The following citations are the result of a licensure re-visit conducted at the above named assisted living facility on 7/11/16, 7/12/16, 7/13/16 and 7/14/16.	{S 000}		
S 115 SS=E	26-39-103 (d) Resident Right Inspection of Records (d) Inspection of records. (1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time. (2) The administrator or operator shall ensure access to each resident ' s records for inspection and photocopying by any representative of the department. This STANDARD is not met as evidenced by: KAR-39-103 (d) (2) The census equaled 64 residents, the sample included 3 residents, 3 closed record reviews and one focus review resident. Based on interviews and record reviews for all residents, the operator failed to ensure access to each resident ' s records for inspection and photocopying by any representative of the department. Findings included:	S 115		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 115	<p>Continued From page 1</p> <p>On 7/11/16 at 10:35am during facility tour access to resident records was requested. Administrative staff #B stated resident records are partially located on paper charts (including medication records) and partially on their electronic system (including nursing notes). Requested user name and password to access electronic records.</p> <p>On 7/11/16 at 12:43 pm licensed staff #A stated, " Corporate says they don ' t allow electronic access to records. " Staff was informed complete access to resident records is a regulation and a user name and password is needed. Administrative staff #B stated he/she would call corporate regarding electronic records access.</p> <p>On 7/11/16 at 1:50pm administrative staff #B stated corporate office says they do not have a profile set up to allow electronic access to outside providers. Facility will print off whatever records are requested. Regulation KSA 39-935 given to administrative staff #B to read, copy and send to corporate.</p> <p>On 7/11/16 at 3:50pm electronic access code again requested, administrative staff #B stated, " Still working on it, we can print you what you need. " Requested he/she call department regarding lack of access to resident electronic records. Requested and received print copies of selected electronic records for sampled residents.</p>	S 115		

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S 115	Continued From page 2 On 7/11/16 at 5:25pm access to electronic resident records continued unavailable. For all residents, the operator failed to ensure access to each resident ' s records for inspection and photocopying by any representative of the department.	S 115		
S 135 SS=D	26-39-103 (h) Resident Right Notification of Changes (h) Notification of changes. (1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident's physician, and notify the resident's legal representative or designated family member, if known, upon occurrence of any of the following: (A) An accident involving the resident that results in injury and has the potential for requiring a physician's intervention; (B) a significant change in the resident's physical, mental, or psychosocial status; (C) a need to alter treatment significantly; or (D) a decision to transfer or discharge the resident from the adult care home. (2) The administrator or operator shall ensure that a designated staff member informs the resident, the resident's legal representative, or authorized family members whenever the designated staff member learns that the resident will have a change in room or roommate assignment.	S 135		

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S 135	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: KAR 26-39-103 (h)(1)(A)(B)(D)</p> <p>The facility reported a census of 64 residents. The sample included 3 residents, 3 closed review residents and one focus review resident. Based on record review and interview for 1(#1712) sampled resident and 1 (#1714) closed review resident, the administrator failed to ensure that designated facility staff consult with the resident ' s physician upon occurrence of an accident involving the resident that results in injury and has the potential for requiring a physician ' s intervention, a significant change in the resident ' s physical status and a decision to transfer the resident from the adult care home.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident # 1712 recorded admission date of 3/31/14 with diagnoses of COPD (chronic obstructive pulmonary disease) and dementia. <p>Functional Capacity Screen (FCS dated 7/31/15 recorded resident required assistance with bathing, toileting, management of medications and treatments, and has a history of falls/unsteadiness.</p> <p>Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 7/31/15 recorded resident to receive assistance with bathing, toileting, management of medications and is identified as fall risk with staff to provide custom interventions to decrease fall risk.</p> <p>Resident notes contains entry on 6/27/16,</p>	S 135		

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S 135	<p>Continued From page 4</p> <p>resident was seen by nurse practitioner.</p> <p>Review of next resident note dated 7/7/2016 at 4:00pm recorded : " resident returned from hospital after fall this morning, new diagnosis of closed nondisplaced fracture of greater tuberosity of left humerus. "</p> <p>Record lacked documentation of notification of resident ' s physician of fall and transfer from the adult care home.</p> <p>Interview on 7/12/16 at 2:37pm with licensed staff #C confirmed record lacked notification of physician.</p> <p>Record review of closed record for resident # 1714 recorded admission date of 7/18/12 with diagnoses of Paget disease, edema, hypertension and Alzheimers.</p> <p>Functional Capacity Screen (FCS) dated 3/15/16 recorded resident required assistance with bathing, dressing, toileting and management of medications and treatments.</p> <p>Negotiated service agreement dated 3/15/16 recorded resident to receive assistance with bathing, dressing, toileting and management of medications.</p> <p>Review of resident notes dated 2/13/2016, 9:18am; recorded: staff reported resident complaining of abdominal pain and started to vomit this morning Called DPOA (durable power of attorney)She stated monitor him for a couple hours and see</p> <p>Record lacked documentation of consultation with resident ' s physician regarding change of</p>	S 135		

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S 135	Continued From page 5 condition. Interview on 7/12/16 at 3:45 with licensed nurse # D confirmed record lacked consultation with resident ' s physician. For 1(#1712) sampled resident and 1 (#1714) closed review resident, the administrator failed to ensure that designated facility staff consult with the resident ' s physician upon occurrence of an accident involving the resident that results in injury and has the potential for requiring a physician ' s intervention, a significant change in the resident ' s physical status and a decision to transfer the resident from the adult care home.	S 135		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted	S3028		

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S3028	<p>Continued From page 6</p> <p>to the department within five working days of the initial report.</p> <p>(F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (f) (1) (3)</p> <p>The facility reported a census of 64 residents. The sample included 3 residents, 3 closed review residents and 1 focus review resident. Based on record review and interview for 1 (#1714) closed record review resident, the administrator failed to ensure that allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department ' s complaint investigation reports were completed and submitted to the department within five working days of the initial report.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident # 1714 recorded admission date of 7/18/12 with diagnoses of Paget disease, edema, hypertension and Alzheimers. <p>Functional Capacity Screen (FCS) dated 3/15/16 recorded resident required assistance with bathing, dressing, toileting and management of medications and treatments. Resident has problems with short term and long term memory, memory recall and decision making, he/she also has problems understanding others and</p>	S3028		

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S3028	<p>Continued From page 7</p> <p>expressing information to others.</p> <p>Negotiated service agreement/Health Care Service Plan (HCSP) dated 3/15/16 recorded resident to receive assistance with bathing, dressing, toileting and management of medications.</p> <p>Resident notes dated 3/8/16, 10:17pm recorded resident was found on the wood floor next to his/her wheelchairnoted to have a bump on his/her occipital bone area ... resident was transported to the hospital.</p> <p>Interview on 7/12/16 at 3:20pm with licensed staff #C stated according to a facility incident report the fall was not witnessed and not reported to the department. He/she stated the facility only reports to the department if an injury occurred.</p> <p>Resident notes dated 3/28/16 recorded the following: " Resident was sitting at the fish tank when another resident approached and began looking at the fish with him/her. The other resident became upset stating that they could not both look at the fish. The other resident then hit him/her on the left side of his/her chest.... "</p> <p>Interview on 7/12/16 at 4:05pm with licensed staff # C confirmed resident to resident incident of 3/28/16 was not reported to the department.</p> <p>For resident #1714, the administrator failed to ensure that allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department ' s complaint investigation reports were completed and submitted to the department within five working days of the initial report.</p>	S3028		

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{S3101}	Continued From page 8	{S3101}		
{S3101} SS=D	<p>26-41-202 (h) NSA Signatures</p> <p>(h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h)</p> <p>The census equaled 64 residents, the sample included 3 residents, 3 closed record review residents and one focus review resident. Based on interviews and record reviews for one closed record review resident (#1714), the operator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #1714 recorded admission date of 7/18/12 with diagnoses of Paget disease, edema, hypertension and Alzheimers. <p>Functional Capacity Screen (FCS) dated 3/15/16 recorded resident required assistance with bathing, dressing, toileting and management of medications and treatments.</p>	{S3101}		

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{S3101}	Continued From page 9 Negotiated service agreement dated 3/15/16 recorded resident to receive assistance with bathing, dressing, toileting and management of medications. Agreement lacked signatures of individuals involved in the development of the NSA. Interview on 7/12/16 with licensed staff #C confirmed NSA lacked signatures of individuals involved in the development of the NSA and a signed copy cannot be located. For resident #1714, the operator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement.	{S3101}		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 64 residents. The sample included 3 residents, 3 closed record review residents, and one focus review resident. Based on record review, observation and interview for 2 (#1711 and #1712) sampled	S3155		

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S3155	<p>Continued From page 10</p> <p>residents, 1 (#1717) focus review resident and 1 (#1714) closed record review resident, requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #1711 recorded admission date of 6/30/16 with diagnoses of: arthritis with low back pain, alzheimers, dementia, depression and diabetes type 2. <p>Functional Capacity Screen (FCS) dated 6/30/16 recorded resident required assistance with transfer, walk/mobility, has a history of falls/unsteadiness, has difficulty with long term memory, short term memory, memory recall and impaired decision making.</p> <p>Negotiated service agreement/ Health care service plan (NSA/H CSP) dated 6/30/16 recorded resident to receive staff assistance with transfers, orientation/memory, and hourly safety checks.</p> <p>Observation on 7/11/16 at 2:50pm in resident ' s room on life guidance unit, revealed resident in a wheelchair by the bathroom, large blue fall mat on the floor by the bed, a brown bed cane on the right side of the bed and a walker by the window. Bed cane is loose and easily moves out and side to side.</p> <p>Interview on 7/12/16 at 2:07pm with resident #1711 in resident ' s room on life guidance unit, resident was asked what the bed cane was,</p>	S3155		

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S3155	<p>Continued From page 11</p> <p>(while shaking bed cane as he/she looked at it). Resident responded, " The girls thought they ' d do that makes color for the coloring. "</p> <p>Observed at that time the blue fall mat was placed up against the wall by the bed.</p> <p>NSA/HCSF lacked interventions for walk/mobility, and entries for use of a walker, wheelchair, bed cane and fall mat.</p> <p>Interview on 7/12/16 at 2:37pm with licensed staff #C and Licensed staff # A confirmed NSA/HCSF lacked entries for use of bed cane and fall mat stating they were unaware he/she had a fall mat, family must have brought it in.</p> <p>Record review for resident # 1712 recorded admission date of 3/31/14 with diagnoses of COPD (chronic obstructive pulmonary disease) and dementia.</p> <p>FCS dated 7/31/15 recorded resident was independent with transfer, walking, mobility and has a history of falls/unsteadiness.</p> <p>NSA/HCSF dated 7/31/15 recorded resident identified as fall risk with staff to provide custom interventions to decrease fall risk.</p> <p>Resident notes dated 7/7/2016 at 4:00pm recorded the following: " resident returned from hospital after fall this morning, new diagnosis of closed nondisplaced fracture of greater tuberosity of left humerus. "</p> <p>FCS dated 7/11/16 recorded resident required assistance with transfer, walking/mobility and has a history of falls/unsteadiness.</p> <p>NSA dated 7/11/16 recorded resident identified as a fall risk with staff to provide custom</p>	S3155		

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S3155	<p>Continued From page 12</p> <p>interventions to decrease fall risk. NSA lacked custom interventions.</p> <p>Observation on 7/11/16 at 2:25pm viewed resident by life guidance unit nurses station in a wheelchair with a skin tear and bruise on the left cheek and left arm in a sling.</p> <p>Interview on 7/12/16 at 2:37pm with licensed staff # C stated resident was independent prior to fall/fracture and had no history of falls. Licensed staff #C confirmed 7/31/15 FCS was coded for falls/unsteadiness, fall intervention on 7/31/15 and 7/11/16 NSA/HCSP are generic, stating interventions are computer generated and no specific custom fall interventions are listed.</p> <p>7/31/15 and 7/11/16 NSA/HCSP lacked interventions to address resident #1712 's fall risk, prior to and after resident fall with resulting fracture.</p> <p>Record review for resident # 1714 recorded admission date of 7/18/12 with diagnoses of Paget disease, edema, hypertension and Alzheimers.</p> <p>FCS dated 10/29/15 recorded resident as independent with transfers, required supervision with walking/mobility and had a history of falls/unsteadiness.</p> <p>NSA/HCSP dated 1/26/15 recorded " fall risk: staff will provide custom interventions to decrease fall risk. Staff to ensure resident is wearing appropriate footwear. Provide a busy box for resident to tinker with. Monitor sign on back of apartment door reminding resident to wear shoes at all times and notify LGD (life guidance director) if it needs to be replaced. "</p>	S3155			

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S3155	<p>Continued From page 13</p> <p>Resident notes recorded falls on the following dates: 3/3/16 " resident found of floor in the life guidance hallway on 3/1/16 at 4:35am.; 3/5/16 at 8:20pm, laceration to ear, blood spots found on floor, wheelchair footrest on floor.; 3/8/16 10:17pm, " staff found resident on the wood floor next to his wheelchair ... "; 3/9/16 5:04am " ... resident was found on the floor in his/her room. " Had on slip resistant socks; 3/12/16 " resident fall with no apparent injury @ (at) 12:30am. "</p> <p>NSA/HCSP lacked fall interventions for falls.</p> <p>Record review for resident #1717 recorded admission date of 3/25/16 with diagnoses of CAD (coronary artery disease), hypertension, hyperlipidemia, and dementia.</p> <p>FCS dated 3/28/16 recorded resident was independent with transfer, walking/mobility, had problems with short term and long term memory, memory recall and decision making, and a history of falls/unsteadiness.</p> <p>NSA/HCSP dated 4/27/16 recorded Assistive/adaptive devices: staff to check equipment and assist resident with TED hose (anti- thrombo-embolism stockings)</p> <p>Observation on 7/12/16 at 2:15pm in resident ' s room revealed a queen size bed with 2 black transfer bars attached, one on each side, both in up position. Right side bar was loose.</p> <p>NSA/HCSP lacked entry for use of transfer bars on the bed.</p> <p>Interview on 7/12/16 at 2:37pm with licensed staff #C confirmed resident uses the transfer bars, and</p>	S3155		

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NAME OF PROVIDER OR SUPPLIER ATRIA HEARTHSTONE EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 3415 SW 6TH AVENUE TOPEKA, KS 66606		
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S3155	Continued From page 14 confirmed lack of entry for transfer bars on NSA/H CSP. Interview on 7/12/16 at 2:37pm with licensed staff #C and administrative staff #A stated facility does not have a policy on bedrails/bed canes, does not do assessments for need/ability to use and does not conduct safety checks. For residents #1711, #1712, #1714, #1717 who required health care services the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
{S3165} SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 64 residents. The sample included 3 residents, 3 closed review residents and one focus review resident. Based on record review and interview, for 1 (#1712) of 3 sampled residents and for 1 (#1714) of 3 closed review residents, the operator failed to ensure the negotiated service agreement shall contain a description of the health care services to be	{S3165}		

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{S3165}	<p>Continued From page 15</p> <p>provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident # 1712 recorded admission date of 3/31/14 with diagnoses of COPD (chronic obstructive pulmonary disease) and dementia. <p>Functional Capacity Screen (FCS) dated 7/11/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walking/mobility and management of medications and treatments.</p> <p>Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7/11/16 recorded resident to receive assistance with bathing, dressing, toileting, transfer, mobility, and management of medications and special medications (breathing treatments).</p> <p>NSA lacked the name of the nurse responsible for implementation and supervision of the HCSP.</p> <p>Record review for resident #1714 recorded admission date of 7/18/12 with diagnoses of Paget disease, edema, hypertension and Alzheimers.</p> <p>Functional Capacity Screen (FCS) dated 3/15/16 recorded resident required assistance with bathing, dressing, toileting and management of medications and treatments.</p>	{S3165}		

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{S3165}	Continued From page 16 Negotiated service agreement/Health Care Service Plan (HCSP) dated 3/15/16 recorded resident to receive assistance with bathing, dressing, toileting and management of medications. NSA lacked the name of the nurse responsible for implementation and supervision of the HCSP. Interview on 7/12/16 at 3:00pm with licensed nurse # D confirmed lack of name of the nurse responsible for implementation and supervision of the HCSP for residents # 1712 and #1714. For residents #1712 and #1714, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	{S3165}		
{S3171} SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 64 residents. The sample included 3 residents, 3 closed review residents and one focus review resident. Based on record review and interview for 1(#1712) sampled residents and 1 (#1714) of 3 closed review residents, the administrator failed to provide health care services to residents by qualified staff in accordance with acceptable	{S3171}		

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{S3171}	<p>Continued From page 17</p> <p>standards of practice.</p> <p>Findings included:</p> <p>Record review for resident # 1712 recorded admission date of 3/31/14 with diagnoses of COPD (chronic obstructive pulmonary disease) and dementia.</p> <p>Functional Capacity Screen (FCS dated 7/31/15 recorded resident required assistance with bathing, toileting, management of medications and treatments, and has a history of falls/unsteadiness.</p> <p>Negotiated Service Agreement/ Health Care Service Plan (NSA/H CSP) dated 7/31/15 recorded resident to receive assistance with bathing, toileting, management of medications and is identified as fall risk with staff to provide custom interventions to decrease fall risk.</p> <p>Review of next resident note dated 7/7/2016 at 4:00pm recorded the following: " resident returned from hospital after fall this morning, new diagnosis of closed nondisplaced fracture of greater tuberosity of left humerus. "</p> <p>Medical record lacked evidence of a nursing assessment at the time of the fall, at the time of transfer to the hospital and upon return from the hospital.</p> <p>Interview on 7/12/16 at 2:37pm with licensed staff #C confirmed record lacked entry regarding 7/7/16 fall.</p> <p>Record review for resident # 1714 recorded admission date of 7/18/12 with diagnoses of</p>	{S3171}			

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{S3171}	<p>Continued From page 18</p> <p>Paget disease, edema, hypertension and Alzheimers.</p> <p>FCS dated 10/29/15 recorded resident required assistance with bathing, dressing, toileting, management of medications and treatments and had a history of falls/unsteadiness.</p> <p>NSA/H CSP dated 1/26/15 recorded resident to receive assistance with bathing, dressing, toileting and medications.</p> <p>Resident notes recorded the following: 3/3/2016, 8:13pm; Resident was found of floor in the life guidance hallway on 3/1/16 at 4:35am Resident had no complaints of pain family and physician were notified..</p> <p>Medical record lacked evidence of a nursing assessment at the time of the fall, at the time of transfer to the hospital and upon return from the hospital.</p> <p>3/12/2016, 7:15pm; Resident fall with no apparent injury at 12:30am 10:05am resident reassessed by RN (registered nurse) ... resident sent to hospital emergency room Nurses note transcribed from handwritten note (written by outside agency nurse #E) ... note electronically signed by licensed staff #F.</p> <p>Medical record lacked evidence of a nursing physical assessment at time of fall including vital signs and resident recall of event. Entry was recorded 6 ½ hours after incident. Licensed staff recorded nurses note for another licensed nurse.</p> <p>Interview on 7/12/16 at 3:45pm with licensed staff #D confirmed record lacked physical assessment by a nurse at time of falls and staff recorded</p>	{S3171}		

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{S3171}	Continued From page 19 agency nurse ' s record of events for him/her because agency staff are not allowed computer access. Interview on 7/12/16 at 4:05pm with licensed staff #D stated an assessment was not done on resident #1714 upon return from the hospital because " we don ' t do those, we are not a skilled facility. " Interview on 7/12/16 at 3:20pm with licensed staff # C stated vital signs are not done on falls in assisted living facilities per company policy, facility does not do vital sign monitoring as it is not a skilled nursing facility. Requested facility policy on vital signs that states this. He/she later stated he/she was mistaken it is not a company policy. For residents #1712 and #1714 the administrator failed to provide health care services to residents by qualified staff in accordance with acceptable standards of practice.	{S3171}		
{S3261} SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)	{S3261}		

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{S3261}	<p>Continued From page 20</p> <p>The facility reported a census of 64 residents. The sample included 3 residents, 3 closed chart review residents and one focus review resident. Based on record review and interview for 1 (#1712) sampled resident and 1 (#1714) closed chart review resident, the administrator failed to ensure documentation of all incidents and indications of injury including date, time of occurrence, action taken and results of the action.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident # 1712 recorded admission date of 3/31/14 with diagnoses of COPD (chronic obstructive pulmonary disease) and dementia. <p>FCS dated 7/31/15 recorded resident required assistance with bathing, toileting, management of medications and treatments and has a history of falls/unsteadiness.</p> <p>NSA/H CSP dated 7/31/15 recorded resident to receive assistance with bathing, toileting and management of medications and treatments. Resident identified as fall risk with staff to provide custom interventions to decrease fall risk.</p> <p>Review of resident notes dated 6/27/16, 3:21pm recorded resident was seen by nurse practitioner.</p> <p>Review of next resident note dated 7/7/2016 at 4:00pm recorded " resident returned from hospital after fall this morning, new diagnosis of closed nondisplaced fracture of greater tuberosity of left humerus. " (left arm)</p>	{S3261}		

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{S3261}	<p>Continued From page 21</p> <p>Record lacked documentation of resident fall on 7/7/16 including date, time of occurrence and action taken.</p> <p>Interview on 7/12/16 at with licensed staff #C confirmed record lacked documentation of 7/7/16 fall.</p> <p>Record review of closed record for resident # 1714 recorded admission date of 7/18/12 with diagnoses of Paget disease, edema, hypertension and Alzheimers.</p> <p>Functional Capacity Screen (FCS) dated 3/15/16 recorded resident required assistance with bathing, dressing, toileting and management of medications and treatments.</p> <p>Negotiated service agreement dated 3/15/16 recorded resident to receive assistance with bathing, dressing, toileting and management of medications.</p> <p>Review of resident notes dated 4/6/2016 recorded resident in day room watching television.</p> <p>The record lacked additional resident notes.</p> <p>Review of list of residents discharged from the facility recorded resident " moved out " on 4/15/16.</p> <p>Interview on 7/11/16 at 5:45pm with administrative staff #A confirmed last recorded resident note was written on 4/6/16.</p> <p>Interview on 7/12/16 at 4:05 pm with licensed staff # D confirmed resident was discharged on</p>	{S3261}			

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{S3261}	Continued From page 22 4/15/16 and stated resident went to skilled nursing facility. He/she confirmed lack of documentation of discharge from facility. For residents #1712 and #1714, the administrator failed to ensure documentation of all incidents and indications of injury, including date, time of occurrence, action taken and results of the action.	{S3261}			